



INVOICE FOR GRANT PAYMENTS

PART A - GRANT INFORMATION

DATE: _____

INVOICE NUMBER: _____

(Grant Number) Format: XX-XX-XXXX

GRANTEE NAME/MAILING ADDRESS:

Grantee Name

GRANT PERIOD: _____ to _____

Format: MM/DD/YY to MM/DD/YY

Mailing Address 1

TYPE OF REQUEST:

☐ 75% ADVANCE PAYMENT

Mailing Address 2 (Optional)

☐ 25% FINAL PAYMENT

City, State

Zip Code

PART B – 75% ADVANCE PAYMENT

GRANT AWARD \$ _____ x 75% = TOTAL ADVANCE PAYMENT REQUEST \$ _____

PART C – 25% FINAL PAYMENT

To qualify for release of the 25% final payment, the Grantee must have done **ALL of the following**:

- ☐ Completed the Scope of Work as provided in Exhibit A of the Grant Standard Agreement
- ☐ Submitted the CAC/NEA Grants Activity Survey (online)
- ☐ Submitted the Final Report

FINAL PAYMENT AMOUNT REQUEST \$ _____

CERTIFICATION

"I hereby certify under penalty of perjury that this report is in accordance with the grant approved by and the standards of the California Arts Council, and that payment has not been previously received for the amount claimed herein."

AUTHORIZED OFFICER'S PRINTED NAME / TITLE

PREPARER'S PRINTED NAME

AUTHORIZED OFFICER'S SIGNATURE
(Use blue ink)

Contact's Phone Number

Contact's Email Address

FOR CAC ACCOUNTING USE ONLY

FY _____ FUND _____ APPROP REF _____ VOUCHER _____

FY _____ FUND _____ APPROP REF _____ VOUCHER _____

PROGRAM STAFF (Signature) _____ APPROVAL DATE _____

ACCOUNTING STAFF (Signature) _____ PROCESS DATE _____